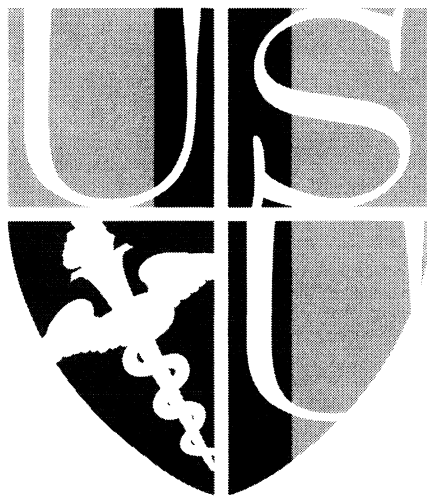


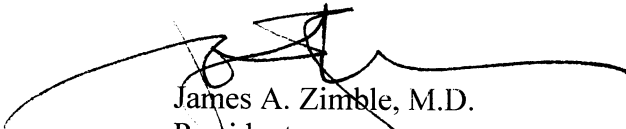
**USUHS
INSTRUCTION
4502**





USUHS

DIRECTIVE SYSTEM TRANSMITTAL

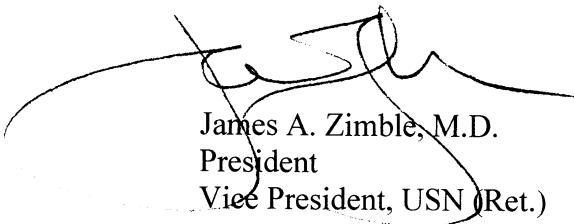
<p>NUMBER</p> <p>USUHS I-4502, Ch-3 (ASD)</p>	<p>DATE</p> <p>AUG 2 2004</p>
<p>ATTACHMENTS</p> <p>Enclosure 2, Tab A, page A-1a</p>	
<p>INSTRUCTIONS FOR RECIPIENTS</p> <p>The following pen changes to USUHS Instruction 4502, "USUHS Travel Checklist," dated September 30, 1999, have been authorized.</p> <p><u>Pen Changes</u></p> <ol style="list-style-type: none">1. Page ii, Enclosure 2, under "TAB A," "DD Form 1610, Permissive Travel (No Cost to the Government), 'Request and Authorization for TDY Travel of DoD Personnel.'"2. Insert page A-1a, Enclosure 2, Tab A, directly behind page A-1. <p><u>Effective Date</u></p> <p>These changes are effective immediately.</p> <div data-bbox="569 1606 1197 1798"><p>James A. Zimble, M.D. President Vice President, USN (Ret.)</p></div>	

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT



USUHS

DIRECTIVE SYSTEM TRANSMITTAL

NUMBER USUHS I-4502, Ch-4 (ASD)	DATE JUL 6 2004
ATTACHMENTS Enclosure 2, Tab F, page F-3	
<p style="text-align: center;">INSTRUCTIONS FOR RECIPIENTS</p> <p>The following pen changes to USUHS Instruction 4502, "USUHS Travel Checklist," dated September 30, 1999, have been authorized.</p> <p><u>Pen Changes</u></p> <ol style="list-style-type: none">1. On page iii, Enclosure 2, under "TAB F," add, "USUHS Policy on Cancellation of Unused Airline Tickets."2. Insert page F-3, Enclosure 2, Tab F, directly behind page F-2. <p><u>Effective Date</u></p> <p>These changes are effective immediately.</p> <div style="text-align: center;"> James A. Zimble, M.D. President Vice President, USN (Ret.)</div>	

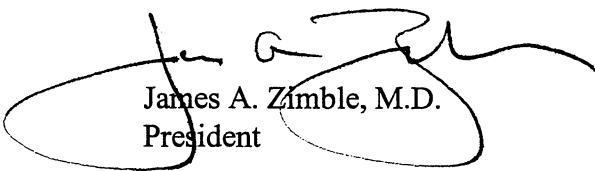
WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT



USUHS



DIRECTIVE SYSTEM TRANSMITTAL

NUMBER USUHS I-4502, Ch ² 1 (ASD)	DATE JAN 11 2001
ATTACHMENTS None	
<p style="text-align: center;">INSTRUCTIONS FOR RECIPIENTS</p> <p>The following pen change to USUHS Instruction 4502, USUHS Travel Checklist, dated September 21³⁰, 1999 has been authorized.</p> <p><u>Pen Change</u> Tab D, Enclosure 2, page D2, under ITINERARY: FROM: TO: remove the word "and" to read "PLACE OF ORIGIN TO PLACE BEING TRAVELLED TO"</p> <p><u>Effective Date</u> The above change is effective immediately.</p> <div style="text-align: center;"> James A. Zimble, M.D. President</div>	

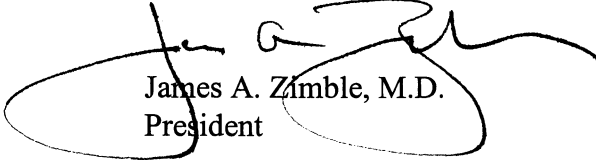
WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT



USUHS



DIRECTIVE SYSTEM TRANSMITTAL

NUMBER USUHS I-4502, Ch-1 (ASD)	DATE JAN 11 2001
ATTACHMENTS None	
<p style="text-align: center;">INSTRUCTIONS FOR RECIPIENTS</p> <p>The following pen change to USUHS Instruction 4502, USUHS Travel Checklist, dated September 21, 1999 has been authorized.</p> <p><u>Pen Change</u> Tab D, Enclosure 2, page D2, under ITINERARY: FROM: TO: remove the word "and" to read "PLACE OF ORIGIN TO PLACE BEING TRAVELLED TO"</p> <p><u>Effective Date</u> The above change is effective immediately.</p> <div style="text-align: center;"> James A. Zimble, M.D. President</div>	

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, THIS TRANSMITTAL SHOULD BE FILED WITH THE BASIC DOCUMENT



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



SUBJECT: Uniformed Services University of the Health Sciences Travel Checklist

Instruction 4502

(ASD)

SEP 30 1999

ABSTRACT

This Instruction provides procedures and establishes policies for preparing Uniformed Services University of the Health Sciences (USUHS) orders for travel.

A. Reissuance and Purpose. This Instruction reissues USUHS Instruction 4502^a and provides procedures and establishes policies for preparing USUHS orders for travel.

B. Reference. *See Enclosure 1.*

C. Applicability. The provisions of this Instruction apply to all USUHS employees, both civilian and military.

D. Policy. It is USUHS policy to follow the guidelines of the Joint Travel Regulation^b (JTR) in preparing official travel orders.

E. Responsibilities.

1. The Traveler shall adhere to the JTR^b rules and regulations.

2. The Supervisor shall:

- Act as the requesting official;
- Have full knowledge of the purpose and requirements of the travel mission; and
- Initial the request for the issuance of the travel order.

3. The Department Chair/Activity Head shall:

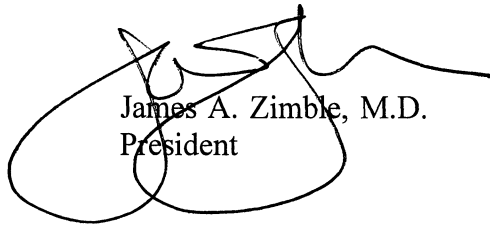
- Act as the approving official;
- Ensure effective control of travel necessity and justification for authorizations;
- Direct official travel; and
- Approve/disapprove travel requests and items in vouchers affecting reimbursements that require administrative determinations prior to claim settlement.

4. The Financial and Manpower Management Department shall provide a funding citation for the complete major accounting classification for an approved travel assignment or amendment thereof.

5. The Administrative Support Division shall:

- Issue travel orders for the official who has the delegated order issuance authority; and
- Act as the order-issuing or authenticating official.

F. Procedures. *See Enclosure 2.*



James A. Zimble, M.D.
President

Enclosures:

1. References
2. USUHS Travel Procedures Checklist

REFERENCES

- (a) USUHS Instruction 4502, "USUHS Travel Regulations," dated November 18, 1985 (hereby cancelled)
- (b) Joint Travel Regulation, Volume 1 - Military Travel and Volume 2 - Civilian Travel
- (c) DoD 4500.54-G, "Department of Defense Foreign Clearance Guide"
- (d) DoD 5200.1-R, "Information Security Program," dated January 1997
- (e) DoD Directive 5230.11, "Disclosure of Classified Military Information to Foreign Governments and International Organizations," dated June 16, 1992

INTRODUCTION

This travel procedures checklist has been assembled to assist administrative personnel and others in selecting and completing the required travel forms.

References:

Administrative Orders (AFR 10-7)
Joint Travel Regulations (Volumes 1 and 2)
Foreign Clearance Guide (DoD 4500.54-G)
Financial Management Regulation (DoD-7000.14-R)

**UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
TRAVEL PROCEDURES CHECKLIST**

USUHS Instruction 4502

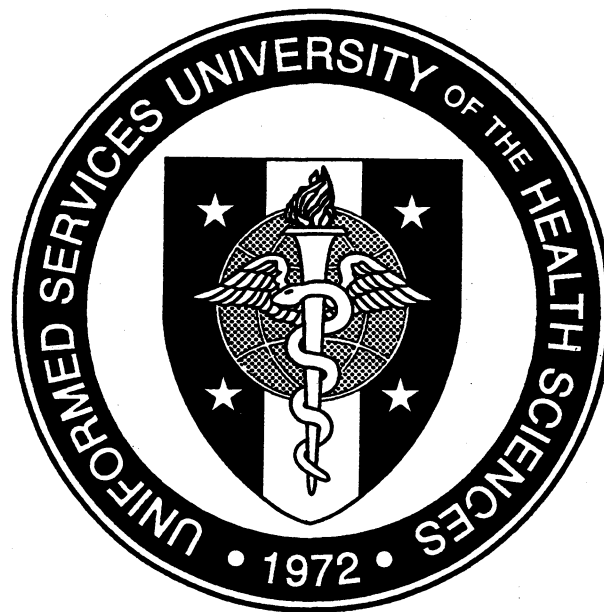


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Enclosure 2

DD Form 1610 **Regular Travel**, "Request and Authorization for TDY Travel of DoD Personnel"

Used by DoD civilian and military for government and permissive (performed at the traveler's expense) travel.

This form is completed for **all** government travel. Types of travel include: annual leave in conjunction with official travel, permissive TDY, or regular TDY. In some cases this form is accompanied by one or more of the following documents or forms:

1. HMJFAMM Form No. 321 to be used for foundation employees, DoD civilians and military employees by invitation using HMJF funds;
2. Signed Memorandum for USUHS Ethics Official/Office of General Counsel; and/or
3. Letter from HMJF Comptroller allowing the use of account FAHJ00 for travel.

PERMISSIVE TDY GUIDANCE

In accordance with the JTR Vol. 2, permissive TDY orders for civilian employees will only be authorized for attendance or participation in technical, professional, scientific, or other organizational meetings or seminars. Civilian employees who are required to travel to perform work associated with their official job for the University and/or DoD must use or be covered under regular TDY orders.

Department Chairs must approve permissive TDY orders for periods of 14 calendar days or less.

The appropriate Deans, SOM or GSN, Vice Presidents, or the President, USUHS, must approve permissive TDY orders for periods greater than 14 calendar days.

Requesters must submit a DD Form 1610 (Request and Authorization for TDY Travel of DOD Personnel) along with justification documentation, explaining the purpose of the TDY and the benefit to the mission of the department, University, or DOD, to FMG for review at least 21 calendar days before the TDY is to begin.

Once FMG endorses the orders, FMG submits the orders to ASD for authorization. ASD will return TDY orders to the appropriate department for corrective actions (if the TDY orders do not include all necessary information).

The appropriate management official, described above, must approve any extensions or modifications of permissive TDY orders as applicable. If the TDY orders are to be extended for more than 14 calendar days, the appropriate Deans, SOM or GSN, Vice Presidents, or the President, USUHS, must approve the extension to the orders. The orders must then be coordinated through FMG and ASD for authorization.

An administrative determination must be made in accordance with **civilian personnel policy** to determine if the employee will be in a duty or leave status at any time during the travel period.

In no instance can permissive TDY be used as a basis to establish an alternate work location.

**TRAVEL CHECK LIST FOR DD FORM 1610
REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
REGULAR TRAVEL**

BLOCK #	INFORMATION NEEDED
1.	DATE OF REQUEST.
2.	NAME (LAST AND FIRST) AND SSN.
3.	POSITION, GRADE, RANK, BRANCH OF SERVICE (IF MILITARY).
4.	WHERE TRAVELER IS STATIONED, (USUHS).
5.	NAME OF DEPARTMENT WHERE TRAVELER IS ASSIGNED.
6.	TRAVELER'S WORK PHONE NUMBER INCLUDE AREA CODE.
7.	TYPE OF ORDERS - TDY, PERMISSIVE, BLANKET, ETC.
8.	WHAT LEVEL OF CLEARANCE IS REQUIRED FOR <u>THIS</u> TRIP.
9.	PURPOSE OF TRAVEL AND CATEGORY TRAVEL (SEE PAGE A-7).
10a.	HOW MANY DAYS TRAVELER WILL BE AWAY FROM OFFICIAL DUTY STATION. DON'T INCLUDE LEAVE DAYS IN THIS BLOCK.
10b.	WHAT DATE TRAVELER WILL BE LEAVING LOCAL AREA.
11.	LEAVING FROM OFFICIAL DUTY STATION TO ACTUAL CITY OR MILITARY INSTALLATION WHERE TDY IS TAKING PLACE, AND RETURN TO OFFICIAL STATION. LEAVE AND DATES ARE USUALLY PUT IN THIS BLOCK AS INFORMATION. THERE CAN BE MORE THAN ONE DESTINATION.
12.	HOW TRAVELER IS GETTING TO DESTINATION.

Enclosure 2

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR VOL I (FOR MILITARY TRAVELER), JTR VOL II (FOR CIVILIAN TRAVELER).
14. ASD COMPLETES TRAVEL COSTS; AND FMG COMPLETES OTHER COSTS; PER DIEM, TOTAL COST.
15. ALL TRAVEL ADVANCES ARE OBTAINED FROM ATMs, USING THE GOVERNMENT ISSUED CHARGE CARD.
- 16a. IF NO REGISTRATION FEE IS REQUIRED, ZEROS SHOULD BE PLACED IN EACH BLOCK.
- 16b. TRAVELER MUST LIST ANY CORRESPONDING REMARKS IN "A" THROUGH "N" THAT PERTAIN TO TRAVEL (ex: 2A, H, and I).
17. TRAVELER'S SUPERVISOR SIGNS AS REQUESTING OFFICIAL.
18. CIVILIAN TRAVELERS: CHAIR, DIRECTOR, OR ACTIVITY HEAD SIGNS AS APPROVING OFFICIAL; MILITARY TRAVELERS: THE CHAIR; IF TRAVELER IS CHAIR: THE DEAN, SCHOOL OF MEDICINE/DEAN, SCHOOL OF NURSING (IF APPLICABLE) SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS ASSOCIATE/ ASSISTANT DEAN: THE DEAN, SCHOOL OF MEDICINE SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS VICE PRESIDENT(S): THE PRESIDENT, USUHS SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS THE DEAN: THE PRESIDENT, USUHS SIGNS AS APPROVING OFFICIAL; IF TRAVELER IS THE PRESIDENT, USUHS: THE DEAN, SCHOOL OF MEDICINE SIGNS AS APPROVING OFFICIAL.

19. **DEPARTMENT'S COST CENTER OR GRANT NUMBER - "NO COST TO USUHS"** AND IF IT IS BEING PAID FOR BY:
HMJF - COPY OF HMJF'S TRAVEL ORDERS ARE REQUIRED.
NON-FEDERAL SOURCE - (E.G., BAYER ASPIRIN), ETHICS FORM MUST BE COMPLETED AND SUBMITTED TO GENERAL COUNSEL (OGC) FOR APPROVAL **BEFORE** SUBMISSION TO ASD.
ANOTHER GOVERNMENT AGENCY - A SIGNED MEMORANDUM ON THAT AGENCY'S LETTERHEAD WITH A FUND CITE IS REQUIRED.
TRAVELER - STATE "TRAVELER WILL BEAR ALL COST." USUHS WILL ALWAYS HAVE COST INVOLVED WITH NON-FEDERAL SOURCE TRAVEL. PER DIEM WILL ALWAYS BE PAID ON DAYS OF TRAVEL. THE INCIDENT EXPENSE PORTION OF PER DIEM WILL BE PAID ON ALL DAYS IN TRAVEL STATUS.
20. SIGNATURE BLOCK OF AUTHORIZING OFFICIAL "DIRECTOR, ADMINISTRATIVE SUPPORT DIVISION."
21. ASD WILL PROVIDE.
22. ASD WILL PROVIDE.

Enclosure 2

DD Form 1610 **Blanket Travel**, "Request and Authorization for TDY Travel of DoD Personnel"

The issuance of blanket travel orders for temporary duty will be limited to use within a stated geographical area and for a given period of time in the same fiscal year.

Blanket travel orders will not be issued merely to authorize a specific number of trips to or between stated places or variations in itinerary.

The Approving Official for all blanket travel orders is the President, USUHS. If the traveler is a military member, the Brigade Commander must **also** sign in the space directly above Block 18 (see sample DD Form 1610).

**TRAVEL CHECK LIST FOR DD FORM 1610
REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
BLANKET TRAVEL**

The information is the same as on the Regular 1610's with the following exceptions:

- | BLOCK # | INFORMATION NEEDED |
|----------------|---|
| 7. | TYPE OF ORDERS - BLANKET |
| 10a. | TYPE IN: Through 30 September <i>and the current fiscal year</i>
(e.g., Through 30 September 1997) |
| 11. | THE FOLLOWING STATEMENT SHOULD BE TYPED IN:
"From Bethesda, MD to such places at such times and in such
frequencies as may be necessary in the performance of the traveler's
official duties, either within or outside the continental limits of the U.S.,
except Australia and return to Bethesda, MD." |
| 12. | PLACE AN "X" IN ALL BLOCKS. |
| 13. | PLACE AN "X" IN THIS BLOCK. |
| 16. | IF THE TRAVELER IS A MILITARY MEMBER THE BRIGADE
COMMANDER MUST ALSO SIGN IN BLOCK 16. SEE SAMPLE. |
| 17. | TRAVELER'S CHAIR, DIRECTOR, OR ACTIVITY HEAD WILL
SIGN AS THE REQUESTING OFFICIAL. IF TRAVELER IS A
CHAIR THE DEAN WILL SIGN AS THE REQUESTING OFFICIAL. |
| 18. | PRESIDENT, USUHS SIGNS HERE. |

**NOTE: SPECIAL AUTHORIZATIONS CAN NOT BE CHECKED ON BLANKET
TRAVEL ORDERS, THEY MUST BE APPROVED BY ENDORSEMENT FOR EACH
TRIP. SEE FMG FOR ENDORSEMENT FORM.**

TRAVEL CATEGORIES

1. Site Visit. Visit to a particular site in support of an operational or managerial activity.
2. Information Meeting. To discuss general organizational operations.
3. Training Attendance. Self explanatory.
4. Speech or presentation. To give a speech or present a paper.
5. Conference Attendance. To attend a conference or seminar.
6. Relocation. To move from one official duty station to another (i.e., Permanent Change-of-Station (PCS) move).
7. Entitlement Travel. Employee entitlement as a result of an assignment.
8. Special Mission Travel. To carry out some special USUHS mission.
9. Other Travel. For reasons other than those mentioned above.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL							1. DATE OF REQUEST	
<i>(Reference: Joint Travel Regulations)</i> Travel Authorized as Indicated in Items 2 through 21.							1 SEPT 99	
REQUEST FOR OFFICIAL TRAVEL								
2. NAME <i>(Last, First, Middle Initial)</i> DOE, JOHN P				3. POSITION TITLE AND GRADE OR RATING RESEARCH ASSISTANT PROFESSOR GS-14				
4. OFFICIAL STATION USUHS, BETHESDA, MD				5. ORGANIZATIONAL ELEMENT DEPARTMENT OF SURGERY			6. PHONE NO. (301) 295-0000	
7. TYPE OF ORDERS TDY		8. SECURITY CLEARANCE N/A		9. PURPOSE OF TDY TO ATTEND ANNUAL MEETING OF AMERICAN SOCIETY OF VASCULAR SURGEONS CATEGORY: CONFERENCE ATTENDANCE				
10a. APPROX. NO. OF DAYS OF TDY <i>(Including travel time)</i> 4		10b. PROCEED O/A <i>(Date)</i> 29 SEPTEMBER 99						
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED								
DEPART: USUHS, BETHESDA, MD TO: DALLAS, TX RETURN: USUHS, BETHESDA, MD								
12. MODE OF TRANSPORTATION								
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE <i>(Check one)</i>		
RAIL	AIR	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	
	X						<input checked="" type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER <i>(Overseas Travel only)</i>						<input type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.		
13. <input type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.								
<input type="checkbox"/> OTHER RATE OF PER DIEM <i>(Specify)</i> VOL 11								
14. ESTIMATED COST								15. ADVANCE AUTHORIZED
PER DIEM		TRAVEL		OTHER		TOTAL		
\$		\$		\$		\$		\$
16. REMARKS <i>(Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.)</i>								
A. REGISTRATION FEES IN THE AMOUNT OF _____ AUTHORIZED. THE REGISTRATION FEE INCLUDES _____ NIGHTS LODGING AND _____ MEALS.								
B. THE FOLLOWING ITEMS ON THE REVERSE SIDE APPLY:								
17. REQUESTING OFFICIAL <i>(Title and signature)</i> JASON P. WELL, PH.D., ASSOCIATE PROFESSOR					18. APPROVING OFFICIAL <i>(Title and signature)</i> CHAIRPERSON OF DEPARTMENT			
AUTHORIZATION								
19. ACCOUNTING CITATION XXXXXX								
20. ORDER AUTHORIZING OFFICIAL <i>(Title and signature)</i> OR AUTHENTICATION PATRICIA A. BURKE, DIRECTOR, ASD						21. DATE ISSUED		
						22. TRAVEL ORDER NUMBER		

TAB B

Enclosure 2

DD Form 1610, **Student Travel**, "Request and Authorization for TDY Travel of DoD Personnel"

Used for Military Students going to Operation Bushmaster, Kerkesner, rotations, and other official travel missions.

**TRAVEL CHECK LIST FOR DD FORM 1610
REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
STUDENT TRAVEL**

BLOCK #	INFORMATION NEEDED
1.	DATE OF REQUEST.
2.	NAME (LAST AND FIRST) AND SSN.
3.	POSITION, GRADE, RANK.
4.	OFFICIAL ADDRESS OF TRAVELER.
5.	USUHS IS THE ORGANIZATIONAL ELEMENT.
6.	POINT OF CONTACT'S FULL PHONE NUMBER.
7.	TYPE OF ORDERS - TDY, PERMISSIVE, REGULAR, REPEAT, ETC.
8.	WHAT LEVEL OF CLEARANCE IS REQUIRED FOR THIS TRIP (EX. SECRET, TOP SECRET, NA).
9.	PURPOSE OF TRAVEL AND CATEGORY OF TRAVEL (SEE PAGE B-5).
10a.	HOW MANY DAYS TRAVELER WILL BE AWAY FROM OFFICIAL DUTY STATION.
10b.	WHAT DATE TRAVELER WILL BE LEAVING LOCAL AREA.
11.	LEAVING FROM OFFICIAL STATION TO DESTINATION AND RETURN TO OFFICIAL STATION. ALL LEAVE TAKEN IN CONJUNCTION WITH TRAVEL SHOULD BE PUT IN THIS BLOCK AS INFORMATION (DATES MUST BE INCLUDED). THERE CAN BE MORE THAN ONE DESTINATION.
12.	HOW TRAVELER IS GETTING TO DESTINATION.

13. PER DIEM AUTHORIZED IN ACCORDANCE WITH: (EITHER JTR VOL I OR OTHER RATE OF PER DIEM SPECIFIED). PER DIEM RATE MAY BE DIFFERENT; FMG WILL SET PER DIEM RATE IN ACCORDANCE WITH TDY LOCATION FOR STUDENTS.
14. ASD COMPLETES TRAVEL COSTS, AND FMG COMPLETES OTHER COSTS, PER DIEM, AND TOTAL COST.
15. ADVANCE AUTHORIZED IS COMPLETED BY FMG ONLY.
- 16a. IF NO REGISTRATION IS REQUIRED, TYPE ZERO IN BLANKS.
- 16b. 1) IF BLOCKS 1 A THROUGH E ARE REQUIRED, EACH TRAVELER MUST HAVE THE BACK OF 1610 COMPLETED AND SIGNED BY THE COMMANDANT OR DESIGNEE.
2) TRAVELER MUST LIST ANY CORRESPONDING REMARKS IN "A" THROUGH "O" THAT PERTAIN TO TRAVEL, FROM THE BACK OF THIS FORM.
17. FOR **1ST YEAR STUDENTS**, THE REQUESTING OFFICIAL IS THE DEPARTMENT OF MILITARY EMERGENCY MEDICINE. FOR **3RD YEAR STUDENTS**, THE REQUESTING OFFICIAL IS THE DEPARTMENT OF REGISTRAR'S OFFICE. FOR **4TH YEAR STUDENTS**, THE REQUESTING OFFICIAL IS THE DEPARTMENT OF REGISTRAR'S OFFICE.
18. COMMANDANT OR DESIGNEE SIGNS HERE.
19. DEPARTMENT COST CENTER OR GRANT NUMBER. **"NO COST TO USUHS"** - AND IF IT IS BEING PAID FOR BY:
HMJF- COPY OF HMJF'S TRAVEL ORDERS ARE REQUIRED.
NON-FEDERAL AGENCY - (E.G.- BAYER ASPIRIN), ETHICS FORM IS COMPLETED AND SUBMITTED TO GENERAL COUNSEL FOR APPROVAL **BEFORE** SUBMISSION TO ASD.
ANOTHER GOVERNMENT AGENCY - A COPY OF THEIR FUND CITE IS REQUIRED.
TRAVELER - STATE "ALL COSTS WILL BE BORNE BY TRAVELER."

Enclosure 2

- 20. SIGNATURE BLOCK OF AUTHORIZING OFFICIAL "DIRECTOR,
ADMINISTRATIVE SUPPORT DIVISION."
- 21. ASD WILL PROVIDE.
- 22. ASD WILL PROVIDE.



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



INVITATIONAL TRAVEL ORDER

DATE: 9/14/99

ORDER NUMBER: TI9-0368 9/16/99

NAME: DR. SONIA BURCH

SSN: 000 - 00 -0000

HOME ADDRESS: 404 EAST. JEFFERSON STREET

ACCT CODE: 000000

CHARLOTTESVILLE, VA 22902

POC: TRISH HENRY 295-3245

HOME: (804) 982-7600

WORK: (804) 982-1984

FAX NUMBER: (804) 930-1528

1. You are invited to proceed from: CHARLOTTESVILLE, VA
in sufficient time to arrive at: BETHESDA, MD by (DATE) SEPT. 30, 1999
for the purpose of SERVING AS A SCIENTIFIC REVIEW PANEL MEMBER

for approximately 4 days. Upon completion of the mission you will return to the point of origin.

2. Travel by commercial aircraft XX, bus or rail, privately owned automobile is authorized. You are advised that the DoD policy requires that in using regularly scheduled air transportation, accommodations selected will be the least costly service which will permit satisfactory accomplishment of the mission.

TICKET PROVIDED: YES/NO

3. If practicable, you will be provided Government procured transportation. If Government procured transportation is not provided, transportation will be limited to:

- a. The least costly of regularly scheduled air service between the points involved at the lowest cost class of accommodations available at the time reservations were made;
- b. the cost of rail fare and a lower berth, or the lowest coach class accommodation available at the time reservations were made;
- c. actual cost of commercial bus fare.

4. Reimbursement for transportation at personal expense is limited to \$ 462.00.

5. If you travel by privately owned automobile, reimbursement will be authorized at the rate of \$0.325 per mile, plus the cost necessary parking, bridge, and ferry fees; as well as other highway tolls incurred while in travel status under this travel order. The total reimbursement will be limited to the cost of travel by the usual mode of common carrier, including per diem. Reimbursement for limousine/taxis/public transportation to and from transportation terminals is authorized.

(CONTINUED ON REVERSE SIDE)



LINE 2

TRAVEL BY: CHECK THE MODE OF TRAVEL REQUIRED.

TICKET PROVIDED: CIRCLE YES OR NO. TICKETS WILL BE PROVIDED BY THE USUHS CONTRACTED TRAVEL AGENCY.

LINE 4

REIMBURSEMENT: ASD WILL COMPLETE.

TOP OF BACK PAGE: ASD WILL COMPLETE.

LINE 7

A-D: MUST BE COMPLETED IF ANY OF THE FOLLOWING ARE REQUIRED. THE APPROVING OFFICIAL IS RESPONSIBLE FOR APPROVAL OF THESE REQUESTS.

E: IF NO REGISTRATION FEE IS REQUIRED, PLACE ZEROS IN EACH BLANK.

ACCOUNTING AUTHORIZATION

TRAVEL COSTS:, OTHER: AMOUNTS COMPLETED BY ASD.

PER DIEM, TOTAL: AMOUNTS COMPLETED BY FMG.

APPROVING OFFICIAL: THE SUPERVISOR OF THE REQUESTING OFFICIAL.

ORDER AUTHORIZING
OFFICIAL: ASD WILL COMPLETE.

*** IF TRAVELER IS REQUESTING A RENTAL CAR, A MEMORANDUM WITH JUSTIFICATION SIGNED BY THE APPROVING OFFICIAL MUST BE ATTACHED.**

NOTE: TRAVEL PACKET FOR REIMBURSEMENT MUST BE SENT TO THE TRAVELER WITHIN 5 DAYS OF TRAVEL. THIS PACKET CAN BE PICKED UP IN ASD TRAVEL BRANCH.

**TRAVEL CHECK LIST FOR USUHS FORM 5310
INVITATIONAL ORDERS**

TITLE	INFORMATION NEEDED
DATE:	DATE OF REQUEST.
ORDER NUMBER:	PROVIDED BY ASD.
NAME:	TRAVELER'S NAME.
SSN:	TRAVELER'S SOCIAL SECURITY NUMBER. IF TRAVELER IS A FOREIGN CITIZEN PLEASE DESIGNATE SUCH IN THIS SPACE.
HOME ADDRESS:	FULL ADDRESS AND HOME PHONE NUMBER (ORDERS MUST BE SENT TO TRAVELER).
ACCT CODE:	COST CENTER OR GRANT NUMBER PAYING FOR TRAVEL.
POC:	USUHS DEPARTMENT POINT OF CONTACT AND PHONE NUMBER.
WORK NUMBER:	TRAVELER'S PHONE NUMBER (FOR EXPRESS SHIPPING).
FAX NUMBER:	TRAVELER'S FAX NUMBER.
<u>LINE 1</u>	
TO PROCEED FROM:	TRAVELER'S AREA OF DEPARTURE. CITY AND STATE.
ARRIVE AT:	TRAVELER'S AREA OF DESTINATION. CITY AND STATE.
BY:	DATE TRAVELER WILL BE ARRIVING.
FOR THE PURPOSE OF:	REASON FOR TRAVEL.
FOR APPROXIMATELY:	NUMBER OF DAYS OF TRAVEL.

USUHS Form 5310, "Invitational Travel Order"

This form is used to permit personnel **not employed by the U.S. Federal government** to travel at the expense of the USUHS when performing a service for the USUHS. This includes those invited as candidates for faculty appointments, consultants to USUHS personnel, and speakers/lectures for mission essential purposes.

TDY can be performed to and from anywhere as required for the completion of the University business.

1. The Invitational Travel Order, upon completion, will be forwarded to the Travel Branch, Administrative Support Division, for assignment of a travel order number, accounting data, and signature by the authorizing official. The order will then be forwarded to the traveler with a travel packet, if applicable. Copies of the complete order will be forwarded to the appropriate department in the travel order distribution area under the traveler's last name in ASD.

2. The requesting department will provide assistance to the traveler by obtaining the necessary receipts, completing the itinerary, and by having the traveler sign his/her travel voucher. Financial Management, Accounting Operations Division/Travel Branch will provide assistance to the requesting department or traveler in filing for reimbursement.

3. USUHS Form 5310, "Invitational Travel Order," shall be authorized only by the Director, Administrative Support Division or designee.

TAB C

TRAVEL CATEGORY

1. Site Visit. Visit to a particular site in support of an operational or managerial activity.
2. Information Meeting. To discuss general organizational operations.
3. Training Attendance. Self explanatory.
4. Speech or Presentation. To give a speech or present a paper.
5. Conference Attendance. To attend a conference or seminar.
6. Relocation. To move from one official duty station to another (i.e., Permanent change-of-station (PCS move).
7. Entitlement Travel. Employee entitlement as a result of an assignment.
8. Special Mission Travel. To carry out some special USUHS mission.
9. Other Travel. For reasons other than those mentioned above.

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.						1. DATE OF REQUEST 28 SEPT 199	
REQUEST FOR OFFICIAL TRAVEL							
2. NAME (Last, First, Middle Initial) DOE JOHN S SSN: 111-11-1111				3. POSITION TITLE AND GRADE OR RATING USAR,MS4,2LT MEDICAL OFFICER CANIDATE			
4. OFFICIAL STATION BETHESDA MARYLAND				5. ORGANIZATIONAL ELEMENT USUHS/REG		6. PHONE NO. 295-0000	
7. TYPE OF ORDERS FUNDED		8. SECURITY CLEARANCE SECRET		9. PURPOSE OF TDY ATTEND REGULAR TRAINING 4-29 OCTOBER 1999 CATEGORY: TRAINING			
10 a. APPROX. NO. OF DAYS OF TDY (Including travel time) 26		b. PROCEED O/A (Date) 30 SEPTEMBER 1999					
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: USUHS BETHESDA MARYLAND TO: BROOKE ARMY MEDICAL CENTER /LACKLAND AFB SAN ANTONIO TX RETURN: USUHS BETHESDA MARYLAND							
12. MODE OF TRANSPORTATION							
COMMERCIAL				GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR <input checked="" type="checkbox"/>	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE: <input checked="" type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MESSAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.			
13. <input checked="" type="checkbox"/> PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. <input type="checkbox"/> OTHER RATE OF PER DIEM (Specify) VOL 1							
14. PER DIEM \$ 800.00		TRAVEL \$ 212.00		ESTIMATED COST OTHER		TOTAL \$ 1012.00	
15. ADVANCE AUTHORIZED \$							
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) 2A,B,D,E,F,J,K,L,O, ON REVERSE APP. STUDENT WILL NOT REPORT NET 3 OCTOBER 1999. STUDENT IS DIRECTED TO USE GOVERNMENT QUARTERS AND MESSERS, TO INCLUDE HOSPITAL MESSES.							
17. REQUESTING OFFICIAL (Title and signature) JANE DOE,LTC,USAF,MC ASSISTANT PROFESSOR AND CHAIR				18. APPROVING OFFICIAL (Title and signature) COMMANDANT			
AUTHORIZATION							
19. ACCOUNTING CITATION XXXXXXX							
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION Patricia A. Burke,Director,Administration Support Division						21. DATE ISSUED	
						22. TRAVEL ORDER NUMBER	

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL <small>(Reference: Joint Travel Regulations)</small> Travel Authorized as Indicated in Items 2 through 21.				1. DATE OF REQUEST 28 SEPT 199	
REQUEST FOR OFFICIAL TRAVEL					
2. NAME (Last, First, Middle Initial) DOE JOHN S SSN: 111-11-1111			3. POSITION TITLE AND GRADE OR RATING USAR,MS4,2LT MEDICAL OFFICER CANDIDATE		
4. OFFICIAL STATION BETHESDA MARYLAND			5. ORGANIZATIONAL ELEMENT USUHS/REG		6. PHONE NO. 295-0000
7. TYPE OF ORDERS FUNDED		8. SECURITY CLEARANCE SECRET		9. PURPOSE OF TDY ATTEND REGULAR TRAINING 4-29 OCTOBER 1999 CATEGORY: TRAINING	
10 a. APPROX. NO. OF DAYS OF TDY (Including travel time) 26		b. PROCEED O/A (Date) 30 SEPTEMBER 1999			
11. ITINERARY <input type="checkbox"/> VARIATION AUTHORIZED FROM: USUHS BETHESDA MARYLAND TO: BROOKE ARMY MEDICAL CENTER /LACKLAND AFB SAN ANTONIO TX RETURN: USUHS BETHESDA MARYLAND					
12. MODE OF TRANSPORTATION					
COMMERCIAL		GOVERNMENT		PRIVATELY OWNED CONVEYANCE (Check one)	
RAIL	AIR	BUS	SHIP	AIR	VEHICLE
				RATE PER MILE: 0.31	
<input type="checkbox"/> AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER (Overseas Travel only)				<input type="checkbox"/> MORE ADVANTAGEOUS TO GOVERNMENT	
<input checked="" type="checkbox"/> 13. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR.				<input checked="" type="checkbox"/> MILEAGE REIMBURSEMENT AND PER DIEM LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION & RELATED PER DIEM AS DETERMINED IN JTR. TRAVEL TIME LIMITED AS INDICATED IN JTR.	
<input type="checkbox"/> OTHER RATE OF PER DIEM (Specify) VOL 1					
14. ESTIMATED COST					
PER DIEM \$ 800.00		TRAVEL \$ 212.00		OTHER \$	
				TOTAL \$ 1012.00	
15. ADVANCE AUTHORIZED \$					
16. REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, registration fees, etc.) 2A,B,D,E,F,J,K,L,O, ON REVERSE APPLY. STUDENT WILL NOT REPORT NET 3 OCTOBER 1999. STUDENT IS DIRECTED TO USE GOVERNMENT QUARTERS AND MESSERS, TO INCLUDE HOSPITAL MESSES.					
17. REQUESTING OFFICIAL (Title and signature) REGISTRAR'S OFFICE			18. APPROVING OFFICIAL (Title and signature) COMMANDANT		
AUTHORIZATION					
19. ACCOUNTING CITATION XXXXXX					
20. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION Patricia A. Burke, Director, Administration Support Division				21. DATE ISSUED	
				22. TRAVEL ORDER NUMBER	

6. While traveling and performing the mission, you will be authorized a per diem equal to the daily amount you pay for lodging, plus a fixed amount for meals and incidental expenses, not to exceed the maximum amount prescribed in the JTR, VOL. 2. If the amount you spend is more than the maximum per diem prescribed, then only the maximum per diem rate will be authorized.

7. You are entitled to reimbursement for the special authorizations as indicated:

- XX a. Hire of special conveyance for use within, to or from the TDY area. Conveyance being used is: x rental car, ___ taxis, or ___ public transportation. (Memo is required justifying the use of the above).
- ___ b. Excess baggage of ___ lbs/___ pieces per person.
- ___ c. Authorized to purchase own commercial airfare, reimbursement limited to the most economical government fare.
- ___ d. Travel by foreign carrier (ship/air) is authorized.
- ___ e. Registration fee \$ _____ authorized and includes ___ meals and ___ nights lodging.
- ___ f. Contract quarters furnished.
- ___ g. Meals furnished as follows:

8. Receipts are required for reimbursement of lodging costs, for common carriers, and for items of reimbursable expenses over \$75.00.

9. A travel voucher is to be submitted to sponsoring department, for reimbursement within 5 working days after completion of travel.

10. If you have questions concerning this travel order, please contact the Administrative Support Division at (301) 295-9385/86, **for reimbursement questions** contact Financial Management Division at (301) 295-3362.

ACCOUNTING AUTHORIZATION:

TRAVEL COST: \$462.00 PER DIEM: \$535.00 OTHER: \$ 0 TOTAL: \$997.00

Approving Official
LTC JOHN DOE
SCIENTIFIC DIRECTOR

Order Authorizing Official/Date
Patricia A. Burke, Director ASD

USUHS Form 5310

THIS INFORMATION IS PROTECTED UNDER THE PRIVACY ACT OF 1974.

(REVISED 5/97)

TAB D

USUHS Form 7006, "Travel Funding Authorization"

The form is issued by the USUHS to provide **funding authority for all Federal employees not assigned to the USUHS. It is not a travel order, it authorizes USUHS funds to be used.**

TDY can be performed to and from anywhere as required for the completion of the University business.

1. USUHS Form 7006 **will be forwarded to the Travel Branch, Administrative Support Division, for assignment of a travel order number, accounting data, and signature by the authorizing official. Copies of the complete form will be forwarded to the appropriate department in the travel order distribution area under the traveler's last name in ASD.**

2. A travel order **must** be processed at the travelers command post. In some cases, a DD Form 1610 can be processed at the USUHS **with a memorandum from the traveler's command post authorizing the USUHS to process the order.**

3. Tickets **can not** be issued from the USUHS contracted travel office, on Travel Funding Authorizations, **unless** it is accompanied by a completed travel order with the traveler's Authorizing Official's signature.

**TRAVEL CHECK LIST FOR USUHS FORM 7006
TRAVEL FUNDING ORDER**

TITLE OF BLANK	INFORMATION NEEDED
DATE:	DATE OF REQUEST:
TA:	PROVIDED BY ASD.
NAME/GRADE/RANK:	TRAVELER'S NAME, GRADE AND/OR RANK.
SSN:	TRAVELER'S SOCIAL SECURITY NUMBER.
ADDRESS:	FULL OFFICIAL DUTY STATION ADDRESS OF TRAVELER (ORDERS MUST BE SENT TO TRAVELER).
PHONE (OFFICE):	TRAVELER'S PHONE NUMBER (INCLUDE AREA CODE WITH COMMERCIAL NUMBER AND/OR DSN).
PHONE (FAX):	TRAVELER'S FAX NUMBER (INCLUDE AREA CODE).
ITINERARY: FROM: TO:	PLACE OF ORIGIN AND TO PLACE BEING TRAVELLED TO.
TRAVEL DATES:	DATES TRAVEL WILL BE PERFORMED.
REGISTRATION FEE, MEALS, LODGING:	COMPLETE IF REGISTRATION FEE IS REQUESTED.
SPECIAL AUTHORIZATIONS:	CHECK THE AUTHORIZATIONS WHICH APPLY TO THIS TDY REQUEST (SEE REVERSE SIDE). THE APPROVING OFFICIAL APPROVES ALL SPECIAL AUTHORIZATIONS.
PURPOSE:	REASON TRAVEL IS BEING PERFORMED.
USUHS POC:	USUHS DEPARTMENT POINT OF CONTACT.

STUDENT TRAVEL ORDERS (ROTATIONAL ORDERS)

16. Remarks (Continued) (Written justification required.)

1. Special Authorizations.

- _____ a. Special authorization(s) for (rental cars, use of privately owned conveyance, excess baggage, etc.) is/are required for mission accomplishment. The cost of the special authorization(s) has been reviewed and is justified as more advantageous to the government or necessary for mission accomplishment.
- _____ b. Reimbursement of transportation expenses necessarily incurred in the conduct of official business in and around the TDY station or area.
- _____ c. Use of available government quarters or mess will adversely affect the mission.
- _____ d. Authorized to purchase own commercial airfare, reimbursement limited to the most economical government fare.

SIGNATURE/DATE OF TRAVELER'S SUPERVISOR OR CHAIRPERSON

2. Additional Instructions

- a. Government quarters and mess will be utilized. If government facilities are not available, a statement of nonavailability must be obtained.
- b. Commercial transportation must be procured through the contracted Travel Agency.
- c. Mixed modes of travel authorized.
- d. A reduced per diem rate is authorized for non travel days.
- e. Reimbursement of quarters will be limited to the single rate.
- f. Overseas clearance is required.
- g. Duty will be under field conditions. A field training certificate must be obtained.
- h. Duty will be performed aboard ship. Actual times and dates of sea duty will be provided by the traveler.
- i. Nato travel orders are required.
- j. If government quarters are not available or you are assigned to government contract quarters, the USUHS REGISTRARS office must be called immediately, AV: 295-3197; COMM: (301) 295-3197 (if after duty hours leave phone number for approval.
- k. Any travel advances paid at TDY stations must be approved. Call Finance, Travel Branch at AV: 295-3362/3089; COMM: (301) 295-3362/3089.
- l. If American Express Travelers checks and/or government contract American Express Credit Card is lost, call American Express Customer Service COMM: 1-800-492-4990.
- m. Two pairs of battle dress uniforms and one pair of boots are required on all rotations outside of the D.C. area.
- n. Travel will be performed in a group travel status.
- o. Travel claims must be submitted within 5 work days upon return from TDY.

3. If travelling overseas please circle the appropriate responses in (1) and (2) and have this section signed by sec (room UP001) before submitting to ASD for processing.
- (1) Traveller is/is not (as applicable) authorized to disclose classified information;
 - (2) Traveller is/is not (as applicable) authorized to carry classified material;

NOTE: If (1) or (2) is used, the traveller has been briefed on the applicable export control, foreign disclosure and security requirements and a written statement of disclosure and authorization to carry classified material and/or information, in compliance with DoD 5200.1-R and in accordance to DoD 5230.11 has been submitted with this order.

SIGNATURE/DATE/PHONE NO. OF CHIEF, SECURITY DIVISION

STUDENT TRAVEL ORDERS (ROTATIONAL ORDERS)

16. Remarks (Continued) (Written justification required.)

1. Special Authorizations.

- ☐ a. Special authorization(s) for (rental cars, use of privately owned conveyance, excess baggage, etc.) is/are required for mission accomplishment. The cost of the special authorization(s) has been reviewed and is justified as more advantageous to the government or necessary for mission accomplishment.
- ☐ b. Reimbursement of transportation expenses necessarily incurred in the conduct of official business in and around the TDY station or area.
- ☐ c. Use of available government quarters or mess will adversely affect the mission.
- ☐ d. Authorized to purchase own commercial airfare, reimbursement limited to the most economical government fare.

SIGNATURE/DATE OF TRAVELER'S SUPERVISOR OR CHAIRPERSON

2. Additional Instructions

- a. Government quarters and mess will be utilized. If government facilities are not available, a statement of nonavailability must be obtained.
- b. Commercial transportation must be procured through the contracted Travel Agency.
- c. Mixed modes of travel authorized.
- d. A reduced per diem rate is authorized for non travel days.
- e. Reimbursement of quarters will be limited to the single rate.
- f. Overseas clearance is required.
- g. Duty will be under field conditions. A field training certificate must be obtained.
- h. Duty will be performed aboard ship. Actual times and dates of sea duty will be provided by the traveler.
- i. Nato travel orders are required.
- j. If government quarters are not available or you are assigned to government contract quarters, the USUHS REGISTRARS office must be called immediately, AV: 295-3197; COMM: (301) 295-3197 (if after duty hours leave phone number for approval).
- k. Any travel advances paid at TDY stations must be approved. Call Finance, Travel Branch at AV: 295-3362/3089; COMM: (301) 295-3362/3089.
- l. If American Express Travelers checks and/or government contract American Express Credit Card is lost, call American Express Customer Service COMM: 1-800-492-4990.
- m. Two pairs of battle dress uniforms and one pair of boots are required on all rotations outside of the D.C. area.
- n. Travel will be performed in a group travel status.
- o. Travel claims must be submitted within 5 work days upon return from TDY.

3. If travelling overseas please circle the appropriate responses in (1) and (2) and have this section signed by sec (room UP001) before submitting to ASD for processing.
- (1) Traveller is/is not (as applicable) authorized to disclose classified information;
 - (2) Traveller is/is not (as applicable) authorized to carry classified material;

NOTE: If (1) or (2) is used, the traveller has been briefed on the applicable export control, foreign disclosure and security requirements and a written statement of disclosure and authorization to carry classified material and/or information, in compliance with DoD 5200.1-R and in accordance to DoD 5230.11 has been submitted with this order.

SIGNATURE/DATE/PHONE NO. OF CHIEF, SECURITY DIVISION

Enclosure 2

USUHS POC'S
TELEPHONE NUMBER: NUMBER USUHS POINT OF CONTACT CAN BE
REACHED.

ACCOUNT CODE: DEPARTMENT COST CENTER OR GRANT NUMBER.

ACCOUNTING
AUTHORIZATION: PROVIDED BY FMG.

PER DIEM, OTHER,
TOTAL: PROVIDED BY FMG.

TRAVEL COST: PROVIDED BY ASD.

AUTHORIZATION FOR
TRAVEL AND FUNDS: APPROVED BY FMG.

REQUESTING OFFICIAL/DATE/
TELEPHONE NUMBER: DEPARTMENT CHAIR'S OR DESIGNEE'S
SIGNATURE.

ORDER AUTHORIZING
OFFICIAL: DIRECTOR, ASD



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



TRAVEL FUNDING AUTHORIZATION
OFFICIAL TRAVEL ORDERS MUST BE PROCESSED

DATE REQUESTED 7 OCT 99

TA 0-

NAME/GRADE/RANK DOE, JOHN D., COL., USAF, MC

SSN: 000-00-0000

ADDRESS: 759TH MDOS/MMIMU

PHONE (OFFICE): (210) 292-3451

1035 BERGQUIST DR., SUITE 2

PHONE (FAX): (210) 292-3468

LACKLAND AFB TX 78236-5300

(INCLUDE AREA CODE)

(INCLUDE STREET, CITY, STATE, AND ZIP CODE)

ITINERARY:

FROM: SAN ANTONIO TX

TRAVEL DATES: FROM: 11 NOV 99

TO: BOSTON MA

TO: 17 NOV 99

CITY/MILITARY BASE/STATE

REGISTRATION FEE \$ 535.00 AUTHORIZED AND INCLUDES 0 MEALS AND 0 NIGHTS LODGING.

PURPOSE: TO ATTEND THE ANNUAL AMERICAN COLLEGE OF CARDIOLOGY CONFERENCE.

USUHS POC: TOM JONES - USUHS DEPT OF MED

POC'S TELEPHONE #: (301) 295-3451

ACCOUNT CODE: 000000

ACCOUNTING CLASSIFICATION:

FUNDS HAVE BEEN [] APPROVED [] DISAPPROVED

PER DIEM: \$ TRAVEL COST: \$ OTHER: \$ TOTAL: \$

A. VARIATIONS IN ITINERARY [] IS [] IS NOT AUTHORIZED

B. SPECIAL AUTHORIZATIONS (WILL BE CHECKED IF APPROVED):

- ☒ Rental car within the TDY area.
☐ Rental car from permanent duty station to TDY station.
☐ Use of taxis in and around TDY station.
☐ Use of public transportation (buses, subways, streetcars)
in and around TDY station.

ADDITIONAL INFORMATION AND INSTRUCTIONS ARE ON THE REVERSE SIDE

CHAIR, DEPARTMENT OF MEDICINE 10/15/99

REQUESTING OFFICIAL/DATE/TEL #

PATRICIA A. BURKE, DIRECTOR, ASD 10/29/99

ORDER AUTHORIZING OFFICIAL/DATE



ADDITIONAL INFORMATION/INSTRUCTIONS:

PAYMENT AND TICKETING INSTRUCTIONS:

1. GENERAL. PAYMENTS SOLELY FUNDED BY USUHS WILL BE SETTLED BY OUR FINANCE OFFICE'S TRAVEL BRANCH AND TICKETS OBTAINED FROM OUR GOVERNMENT CONTRACT TRAVEL AGENT, IF THE TRAVEL TICKETS ARE NOT CHARGED TO THE INDIVIDUAL TRAVELER'S GOVERNMENT SPONSORED CHARGE CARD. TRAVEL CLAIMS INVOLVING MIXED FUNDING ARE TO BE PROCESSED BY THE FINANCE OFFICE SERVICING THE HOLDER OF THE NON-USUHS FUNDS.
2. SEND YOUR CLAIMS TO:
 - A. MAIL TO: USUHS/FMG/TRAVEL BRANCH
4301 JONES BRIDGE ROAD
BETHESDA, MD 20814-4799
 - B. FAX TO: COMMERCIAL/DSN (301) 295-3691
3. TRAVEL BRANCH TELEPHONE NUMBERS:
 - A. COMMERCIAL/DSN: (301) 295-3362/9549/3089
4. DOCUMENTS TO BE SUBMITTED:
 - A. DD FORM 1351-2 (TRAVEL VOUCHER)
 - B. DD Form 1351-2c (CONTINUATION VOUCHER) IF NECESSARY
 - C. ONE COPY OF THE COMPLETED TRAVEL ORDER (BOTH SIDES, IF APPLICABLE)
 - D. ONE COPY OF ANY ACCOMPANYING AMENDMENT(S)
 - E. ONE COPY OF THE TRAVEL FUNDING AUTHORIZATION, IF APPLICABLE
 - F. ONE COPY OF EACH LODGING RECEIPT (MUST DETAIL CHARGES)
 - G. ONE COPY OF RENTAL CAR RECEIPTS, WITH CONTRACT (IF APPLICABLE)
 - H. ONE COPY OF ALL RECEIPTS FOR CLAIMED REIMBURSABLE EXPENSES OF \$75 OR MORE
 - I. SINCE ALL PAYMENTS WILL BE MADE BY ELECTRONIC FUND TRANSFER, ENCLOSE ONE OF THE FOLLOWING:
 1. SF 1199A, DIRECT DEPOSIT SIGN-UP FORM
 2. A VOIDED CHECK, WITH ENCODED BANK ACCOUNT AND ROUTING NUMBERS (NO DEPOSIT SLIPS PLEASE)
5. ASSURE THAT YOUR TRAVEL CLAIM SHOWS YOUR DUTY TELEPHONE NUMBER.
6. COPIES OF ALL DOCUMENTS MUST BE LEGIBLE.
7. FOR TICKETING, CALL CARLSON-WAGONLIT TRAVEL AT (800) 784-3452 OR (301) 564-0020. IF CALLING BEFORE 0830 HOURS OR AFTER 1700 HOURS (MON-FRI) OR ON WEEKENDS/HOLIDAYS, MENTION UNIFORMED SERVICES UNIVERSITY.

TAB E

USUHS Form 5312, "Change of Administrative Orders"

USUHS Form 5312, "Change of Administrative Orders," will be used for amendments, rescinding, and revoking orders.

An order may be amended, rescinded or revoked by the organization that published the original order, or by:

1. The next higher level of command when the organization that published the original order has been inactivated.
2. A redesignated unit when the original order was published under its old designation.
3. A unit that assumes the records, personnel, functions, etc., of an inactivated or transferred unit that published the order.

When to publish an amendment:

An issued travel order may be changed or corrected within certain limitations by issuing an amendment. An amendment may be issued before or after completion of the travel under the order being amended to:

1. Recognize some essential aspect of travel not known before the completion of the travel order.
2. Change the period or place of the temporary duty assignment.
3. Include omitted pertinent information.
4. Change allowances for travel or duty that was not performed.

Examples of when not to publish an amendment:

1. To replace one name with another.
2. To add an individual after the original TDY order has been published.
3. To change an effective date after it has passed. Revoke the expired order and publish a new one.

Enclosure 2

When to Rescind an Order:

Rescind an order when it is no longer needed (i.e., if an individual has blanket or repeated travel orders and goes PCS, completes a project, has a change in duty, or separates from the USUHS.)

When to Revoke an Order:

Revoke an order before it has gone into effect. The orders issuing/approving official determines when to revoke "T" series travel orders.

**TRAVEL CHECK LIST FOR USUHS FORM 5312
CHANGE OF ADMINISTRATIVE ORDERS**

TITLE OF BLANK AMENDMENT NO.	INFORMATION NEEDED ASD WILL ASSIGN.
DATE:	DATE REQUESTED.
1. THE FOLLOWING ORDER IS: CHECK AMENDED, RESCINDED OR REVOKED.	
ORDER NO.:	TRAVEL ORDER NUMBER.
DATE PUBLISHED:	DATE TRAVEL ORDER BECAME OFFICIAL.
2.	
LAST NAME, FIRST, MI:	TRAVELER'S NAME.
GRADE/RANK:	GRADE OR RANK OF TRAVELER.
SSN:	SOCIAL SECURITY NUMBER OF TRAVELER.
3.	
AMENDMENT (IDENTIFY WHAT IS BEING AMENDED IN TRAVEL ORDER).	
A. ITEM	WHICH NUMBER OR LINE ON THE TRAVEL ORDER IS BEING AMENDED.
AS READS:	WHAT THE TRAVEL ORDER AUTHORIZES.
B. ITEM	WHAT NUMBER/LINE ON TRAVEL ORDER IS BEING AMENDED.
IS AMENDED TO (INCLUDE) (DELETE) (READ):	HOW THE TRAVEL ORDER NEEDS TO BE CORRECTED.
4.	
VERBAL ORDERS OF THE COMMANDER:	DATE OF VERBAL AUTHORITY.

5.

REMARKS:

ANY COMMENTS OR INFORMATION PERTAINING
TO THE CHANGE OR CANCELLATION OF THE
TRAVEL ORDER.

APPROVING OFFICIAL/

DATE:

CHAIR, DIRECTOR, OR ACTIVITY HEAD'S
SIGNATURE.

AUTHORIZING OFFICIAL/

DATE:

DIRECTOR, ASD.

CHANGE OF ADMINISTRATIVE ORDERS

To: Administrative Support Division

1. The Following Order is: _____ Amended _____ Rescinded XX RevokedOrder No: TT9-0278Date Published: 7/20/99

2. Identification of individuals to whom change of action pertains:

Last Name, First, MI: DOE, JOHN Grade/Rank: LTCOL SSN: XXX-XX-XXXX

3. Amendment (Identify what is being amended in order).

A. Item

As Reads:

B. Item

Is Amended to (Include) (Delete) (Read)

SAMPLE

4. VERBAL ORDERS OF THE COMMANDER ARE CONFIRMED EFFECTIVE _____ (DATE)
EXIGENCIES PRECLUDED WRITTEN ORDERS IN ADVANCE.

5. REMARKS:

MEETING WAS CANCELLED

NAME, GRADE, TITLE AND SIGNATURE BLOCK OF APPROVING OFFICIAL
CHAIRPERSON, DEPARTMENTDATE
9/24/99NAME, TITLE, AND SIGNATURE BLOCK OF AUTHORIZING OFFICIAL
PATRICIA A. BURKE, DIRECTOR, ASD

DATE

CHANGE OF ADMINISTRATIVE ORDERS

To: Administrative Support Division

1. The Following Order is: X Amended Rescinded RevokedOrder No: TT9-0278Date Published: 8/20/99

2. Identification of individuals to whom change of action pertains:

Last Name, First, MI: DOE, JOHN Grade/Rank: E6/SSG SSN: XXX-XX-XXXX

3. Amendment (Identify what is being amended in order).

A. Item

As Reads:

BLOCK 16
REMARKS

THE FOLLOWING ITEMS ON THE REVERSE APPLY: 2A, 2I, 2H, 20

B. Item

Is Amended to (Include) (Delete) (Read)

BLOCK 16
REMARKS

THE FOLLOWING ITEMS ON THE REVERSE APPLY: 1A, 2A, 2I, 2H, 20

SAMPLE

4. VERBAL ORDERS OF THE COMMANDER ARE CONFIRMED EFFECTIVE _____ (DATE)
EXIGENCIES PRECLUDED WRITTEN ORDERS IN ADVANCE.

5. REMARKS:

NAME, GRADE, TITLE AND SIGNATURE BLOCK OF APPROVING OFFICIAL
JOHN DOE, LTCOL, USAF, MSC, ASSISTANT PROFESSOR

DATE

10/18/99NAME, TITLE, AND SIGNATURE BLOCK OF AUTHORIZING OFFICIAL
PATRICIA A. BURKE, DIRECTOR, ASD

DATE

TAB F

A. Authorized Users of Government Contract Rate Air Fares

The USUHS has two categories for those who are eligible to receive the government contract rate for air travel:

1. All Federal employees traveling on "official" government business. "Official" meaning with valid travel orders.
2. Non-federal guests traveling on official government orders, as long as the USUHS will **not** be reimbursed for the travel by a non-government source.

The USUHS cannot process Invitational Travel Orders for Henry M. Jackson employees, unless the Cost Center (area/org) being charged is a USUHS departmental O&M Cost Center, or a grant maintained at the USUHS. Principal investigators wishing to pay for the travel of non-federal individuals from a HMJF grant, must have the orders and reimbursement processed by the HMJF. The FAHJ00 account, which is a reimbursable HMJF account, cannot be used for the travel of non-federal guests.

B. Use of Contract Carriers

The General Services Administration (GSA) has contracted with various air carriers to provide transportation at reduced fares for official travel between selected cities. Contract carriers must be used unless one of the following exemptions exists:

1. Mission requirements demand use of other than contract carriers;
2. Space is not available in sufficient time to accomplish the traveler's mission;
3. The carrier's flight schedule for the travel involved is inconsistent with DoD's policy, wherein a traveler will not normally be expected to arrive or depart between 2400 hours and 0600 hours, if there are more reasonable schedules available that will meet mission requirements;
4. The flight schedule would require additional overnight lodging; or
5. Flight origin and termination points result in excessive local travel time and costs.

C. Issuance of Airline Tickets for TDY and Leave

1. Tickets Purchased with the University's Central Billing Account

Tickets which are purchased on the University's central account can only be issued for the official travel as indicated in the travel order. The contracted travel agency cannot issue any ticket which deviates from the ordered itinerary. This account is only to be used for invitational travel and unit moves such as the Bushmaster exercise.

2. Tickets Purchased with the Individual Government Travel Charge Card

Individuals traveling on official funded TDY orders who wish to purchase tickets that

include leave destinations or to be routed through alternative cities may do so under the following conditions:

- a. The leave dates and leave destination are clearly identified in the travel order.
- b. The orders clearly indicate the maximum amount you are authorized for your ticket. This amount is entered by the Administrative Support Division Travel Branch and cannot exceed the lowest government rate.
- c. The ticket must be purchased from the contracted travel agency (Carlson) at USUHS in room G050.

D. Sabbatical Leave

1. General

To be eligible for sabbatical leave a faculty member must have attained a tenured rank or have the assurance that tenure will be granted prior to initiation of sabbatical leave. The applicant must be on active, full-time service with the USUHS for at least six years. The sabbatical leave will be granted for not more than six months with full pay (see USUHS Instruction 1109^b).

2. Travel

The USUHS member is not entitled to claim expenses for travel, per diem, or transportation of goods while on sabbatical leave.

E. Tangible and Intangible Gifts/Prizes/Incentives Acquired Incident to Official Travel

1. All Federal employees are obligated to account for gifts received from a public source incident to performance of official duty.

2. Employees may not retain any coupons, bonus points, or similar items of value received from a commercial airline on the basis of the purchase of an airline ticket or car rental used for official travel. However, under the frequent flyer-type programs travelers may retain executive club membership benefits such as check cashing privileges, use of club facilities, and free upgrades to First Class. All other rights to coupons, points, gifts, prizes, or similar items, obtained on official travel, belong to the Government and not to the individual performing the travel.

3. Gifts (e.g., clocks, grooming kits, golf, or tennis balls) will be turned in to the Travel Branch, FMG with the travel voucher at time of settlement. A hand receipt will be provided to reflect the transfer from the employee to the Government. Items received will be given, in accordance with published guidelines, to sport activities, hospitals, or to other local DoD agencies who can use the items.

F. USUHS Policy on Cancellation of Unused Airline Tickets

A General Accounting Office audit (GAO-04-398) of centrally billed accounts (CBA) identified control weaknesses that led to millions of dollars wasted on unused airline tickets throughout the Department of Defense. As a result of this audit, military services and Defense agencies must implement a procedure to systematically provide reasonable assurance that all unused tickets purchased on the centrally billed accounts are refunded.

The following procedures should ensure that any unused ticket originally paid on the University's CBA will be refunded:

1. USUHS Administrative Support Division (ASD) will ensure, through contract or agreement, that:
 - a. The Commercial Travel Office (CTO), (currently Carlson Wagonlit Travel) maintains a daily schedule listing all unused travel tickets.
 - b. The CTO requests a refund from the carrier for any unused ticket that is 30 days past the original scheduled travel date.
 - c. The CTO provides ASD a list of all unused tickets originally paid on the USUHS CBA. This list will be provided as requested (but no less than monthly) identifying any unused ticket that is 30 days past the original scheduled travel date.
 - d. The CTO provides ASD copies of all requests for refunds that have been processed.
2. As part of the ASD's monthly reconciliation of the Government Travel Card (GTC) CBA, the Financial and Manpower Management Directorate (FMG) will be provided copies of the unused travel ticket list and the requests for refunds that have been processed.
3. Upon receipt of the monthly reconciliation from ASD, FMG will check the unused ticket listing, and unused ticket refund requests against the actual invoice statement received from the Government Travel Card Contractor, Bank of America, to verify that the requests for refunds appear as credits on the bank's invoice.
4. FMG will review all unused tickets that do not appear as a credit on a billing statement within 60 days of a CTO request for a refund and notify both the CTO and ASD in writing of this problem and request follow-up action be taken. FMG will continue to work with ASD and the CTO to resolve any aged unused ticket issue until the credit has been received.

TAB G

USUHS Form 5301, "Overseas Travel Clearance Request"

All travel overseas must be approved through the USUHS Security Office, to ensure compliance with the DoD Foreign clearance Guide 4500.54-G^c, DoD 5200.1-R^d, and DoD Directive 5230.11^e.

If traveler is going overseas on **official business**, a USUHS Form 5301 request is required to be submitted at least 30 days in advance of travel.

**TRAVEL CHECK LIST FOR USUHS FORM 5301
OVERSEAS TRAVEL CLEARANCE REQUEST**

TITLE OF BLANKS	INFORMATION NEEDED
A. PERSONAL DATA:	
NAME:	OVERSEAS TRAVELER'S NAME.
RANK/GRADE	TRAVELER'S RANK/GRADE.
SSN:	SOCIAL SECURITY NUMBER.
CLEARANCE:	SECURITY CLEARANCE.
TRAVEL ORDER NUMBER:	ASD WILL COMPLETE.
DEPT:	TRAVELER'S DEPARTMENT.
DUTY TITLE:	TRAVELER'S POSITION TITLE.
PASSPORT NUMBER:	TRAVELER'S PASSPORT NUMBER.
DOB:	TRAVELER'S DATE OF BIRTH.
POB:	TRAVELER'S PLACE OF BIRTH.
B. VISIT SPECIFICATIONS:	
CITY & COUNTRY/ BASE TO BE VISITED:	WHERE TRAVELER IS GOING.
PURPOSE OF VISIT:	WHY TRAVELER IS GOING.
DATE(S) OF VISIT:	WHEN TRAVELER WILL BE GOING.
ALTERNATE DATE(S):	CAN TRAVEL BE PERFORMED AT ANY OTHER TIME.
ORGANIZATION & KEY PERSONNEL....:**	WHO WILL BE VISITED.
**(THIS IS VERY IMPORTANT AND MAY DECIDE WHETHER YOU GET CLEARANCE OR NOT)	

Enclosure 2

PROPOSED ITINERARY: DATE OF DEPARTURE, DEPARTURE LOCATION,
TIME, VIA, FLIGHT NUMBER.

NATURE OF INVITATION: HOW WAS THE TRAVELER INVITED. IF INVITED
BY LETTER, A COPY MUST ACCOMPANY THIS
FORM.

CLASSIFIED INFORMATION: ANSWER YES OR NO. IF YES, USUHS SECURITY
MUST BE INFORMED.

FOREIGN OFFICIAL: ANSWER YES OR NO. IF YES, USUHS SECURITY
MUST BE INFORMED.

C. GENERAL

1. LOGISTICAL: DOES TRAVELER NEED ADMINISTRATIVE HELP
OVERSEAS.

2. REMARKS: USED FOR ADDITIONAL INFORMATION.

3. USUHS POC: PERSON TO CALL FOR QUESTIONS, APPROVAL,
ETC.

TRAVELER'S SIGNATURE AND DATE

DEPARTMENT CHAIR SIGNATURE AND DATE

OVERSEAS TRAVEL CLEARANCE REQUEST
(THIS FORM MUST BE TYPED BEFORE SUBMISSION TO ASD)

A. PERSONAL DATA:

NAME: JOHN P. DOE RANK/GRADE: LT/O-3
SSN: 000-00-0000 CLEARANCE: SECRET TVL ORDER #:
DEPT: MIM DUTY TITLE: EMERGENCY MEDICINE COURSE COORDINATOR
PASSPORT #: 00000000 DATE ISSUED: 12AUG78 DATE EXPIRES: 11AUG88
DOB: 29 APRIL 63 POB: BALTIMORE, MD STUDENT BOX #:

B. VISIT SPECIFICATIONS:

CITY & COUNTRY/BASE TO BE VISITED: YOKOTA AFB JAPAN

PURPOSE OF VISIT: TEACH EMERGENCY MEDICINE COURSE

DATE(S) OF VISIT: 1SEP99 - 28SEP99 ALTERNATE DATE(S): NONE

ORGANIZATION & KEY PERSONNEL TO BE VISITED (INCLUDE NAME, TITLE, DEPT, ADDRESS, TELEPHONE NUMBER AND OTHER PERTINENT INFORMATION): (VERY IMPORTANT**)**

YOKOTA AFB CAPT JASON BIG

COMMANDER, MEDICAL READINESS FLIGHT 373TH AMDS

DSN 000-0000

PROPOSED ITINERARY: (IF MORE ROOM IS NEEDED, USE REMARKS SECTION OR ATTACH A COPY OF YOUR ITINERARY):

DATE: 20SEP99 DEP: REAGAN NATIONAL /TIME: 1250

VIA: NORTHWEST AIRLINE\$FLT#: 337

DATE: 21SEP99 ARR: TOKYO /TIME: 1730

DATE: 28SEP99 DEP: TOKYO /TIME: 1130

VIA: NORTHWEST AIRLINE\$FLT#: 86

DATE: 28SEP99 ARR: NATIONAL /TIME: 1508

(CONTINUED ON REVERSE SIDE)

TAB H

Use of Coach Class, Premium(Business) Class, and First Class Accommodations

U.S. Government policy states that when on official business, Federal employees who use commercial air carriers for domestic and international travel should ascertain their travel requirements in sufficient time to book **coach-class accommodations**.

Use of Premium(Business) Class Accommodations

The use of Premium class (other than first class), such as business class, may be used under the following circumstances:

1. Regularly scheduled flights along the required route only provide premium class seats;
2. No space is available in coach and travel is urgent and cannot be postponed;
3. Travel involves an employee with a disability substantiated in writing by a competent medical authority. If necessary, an attendant may accompany the employee in premium class;
4. Security purposes or exceptional circumstances exist;
5. When travel on a foreign flag carrier has been approved and the sanitation or health standards in coach are inadequate;
6. When overall savings to the Government would result, such as avoidance of additional subsistence costs, overtime, or lost productive time incurred while waiting for available coach seats;
7. When travel costs are paid by a non-federal source. Payments from a non-federal source may not be used for first class travel, only for coach or premium class;
8. When travel is in excess of 14 hours. In these cases, employees who fly premium class are not authorized rest periods en route or upon arrival; or
9. Frequent flyer benefits may be used for accommodations upgrades to premium class, but not first class.

Use of First Class Accommodations

First class accommodations may only be used in the following circumstances:

1. No other reasonably available accommodations exist. "Reasonably available" means no coach-class seats are available within 24 hours of proposed departure or arrival time. If the necessary reporting time and mission completion are compromised by a 24 hour delay, then upgrade to premium(business) class is permissible;
2. Travel by a disabled employee whose condition necessitates first class travel. This must be substantiated in writing by a competent medical authority. An attendant, whose services are required en route, may also fly first class; or
3. Exceptional security circumstances. These include, but are not limited to, travel by agents-in-charge of protective details, couriers accompanying controlled pouches, and employees whose use of less than first class would endanger their lives or Government property.

TAB I

USUHS Form 7701, "Memorandum for USUHS Ethics Official/Office of General Counsel"

If the traveler(s) is/are traveling on orders and will receive funds from a non-Federal source, the "Memorandum for USUHS Ethics Official/Office of General Counsel" must be completed and approved by the General Counsel's Office, Room A1030.

There are three mechanisms to accept funding from non-Federal sources.

1. If a non-Federal source intends to reimburse expenses by cash or check, the traveler(s) must be placed on funded orders. (Initially, the funds will come from the USUHS department and will be reimbursed by the non-Federal source. The non-Federal source must make all reimbursements payable to "USUHS", and not the individual traveler). Note: to ensure the money goes back into the department's account, the check should be sent to the department and hand-carried to finance.

2. If a non-Federal source provides the transportation (tickets, etc.), lodging, and/or meals, with no expenses being paid by check or cash, this is called "reimbursement in kind". The traveler(s) is/are placed on permissive TDY (no cost to the Government).

3. If the traveler(s) is/are in a leave status, the non-Federal source may reimburse the traveler for travel expenses directly. In this case, the "Memorandum for USUHS Ethics Official/Office of General Counsel" is not required.

NOTE: A FUND CITE MUST STILL BE PROVIDED ON EACH TRAVEL ORDER SUBMITTED.

**TRAVEL CHECKLIST FOR USUHS FORM 7701
MEMORANDUM FOR USUHS ETHICS OFFICIAL/OFFICE OF
GENERAL COUNSEL**

1. This form is self explanatory; however, if there are any questions on filling it out, the best course of action is to call General Counsel at 295-3028.
2. The memorandum must be signed by the traveler(s) and approved by the Department Chair/Activity Head.
3. The memorandum should be forwarded to the General Counsel's office accompanied by the invitation from the non-Federal source, and a copy of the travel orders.
4. Once approved by General Counsel; the travel order, and a copy of the memorandum should be forwarded to ASD for completion.

Memorandum for USUHS Ethics Official/Office of General Counsel

From: DR. JOHN DOE

Date 21 SEPT 99

Subj: **Request for Approval of Acceptance of Travel and Related Expenses from Non-Federal Sources for Official TDY Travel**

1. The following information is provided in support of the request.

a. Traveller's Name: JOHN DOE Phone: 295-9830

b. Traveller's Dept. and Position: GEO - ASSOCIATE DEAN

c. Dates and Place(s) of TDY: 25 - 29 OCTOBER 1999

LA PAZ, PERU

d. Purpose of the TDY (nature of the meeting or similar function:
PRESENT/ATTEND CONFERENCE

e. Entity Providing Non-Federal Funds: WORLD TECHNOLOGY ALLIANCE

f. Funding provided by non-Federal source by (check one):

- (1) ☐ Entire Payment by check (funds payable to USUHS)
(2) ☒ Payment in Kind (goods or services provided in lieu of funds aid to USUHS by check - e.g., airline tickets)
(3) ☐ Mixed (Part payment in kind and part by check)

Type of Funding provided and \$ value (complete appropriate blocks):

Type	Reimbursement	Value In-kind	Dept Funds
Lodging:		540	
Meals:		300	
Tickets:		1100	
Registration:			
Taxis, etc.:		38	

g. Is your spouse being sponsored by the non-Federal source? NO

2. I understand that:

(a) All checks are to be made payable to USUHS and turned in to FMG; (b) if the non-Federal funds are insufficient to cover my authorized expenses, the difference will be charged to my department's organization; and (c) if the non-Federal source provides sufficient funds, I will be fully reimbursed for travel expenses (provided they are similar to expenses for other attendees) even if those expenses exceed the allowable rate under Volume 1 of the Joint Federal Travel Regulations (the type of expenses must be allowable under the JFTR).

3. To the best of my knowledge, accepting these funds does not present a conflict of interest, i.e., a reasonable person with knowledge of all of the facts would not question the integrity of USUHS programs or operations.

John Doe, M.D., Ph.D.
Name and Signature of Requestor

Name and Signature of Dept Chairperson

21 SEPT 99
Date

Funded orders are not required as all payments are reimbursed in kind

X Funded orders are required as the organization will reimburse the University for travel.

Signature of Ethics Official

Date

TAB J

HMJFAMM Form No. 322, "Travel Expense Report"

This form is completed to accomplish reimbursement of travel expenses using HMJF funds. The form is completed by the traveler, signed by the traveler and department chair, and sent to the HMJF along with a copy of HMJFAMM Form No. 321. This form must accompany all DD 1610's that are using HMJF funds to pay for travel, except for the FAHJ00 account (see Tab J).

If you have any questions regarding this form, contact the Travel Section at HMJF for more information on (301)424-0800.



(Complete Front and Back)

ATTACHMENT B

Foundation Account No.: _____ / _____ / _____ / _____ / _____
Fund Area Org Obj Sub/Org

RXT # _____

Traveler's Name: _____

Please Print

Departure Location	Date
--------------------	------

Home Address: _____

Return Location	Date

Daytime
Phone: _____

Destination _____

Total Costs Incurred:

Lodging per day \$ _____ \$ _____

Purpose: _____

Meals per day \$ _____ \$ _____

Transportation (itemize costs on back) \$_____

Other (e.g., meeting registration) \$_____
(itemize costs on back)

Special Instrutions:

Total Cost = \$_____

Total Advance Received: / / \$()
Date

Reimbursement Requested: \$ _____
(total cost minus advance received)

Original receipts for all non-per diem costs of \$75 or more each must be submitted for final reimbursement.

I certify that I completed the trip for which this travel reimbursement was requested and that the declared expenses were actual and necessary. I have not been/will not be reimbursed for any of these expenditures from another source.

PLEASE COMPLETE SECTION BELOW

 A copy of my travel orders is attached.

 I submitted my travel orders with my travel reimbursement request.

 I am a non-government employee. (travel orders not required)

Traveler's Signature: _____ * _____

Print Name **Date**

Concurrence:

**		
Principal Investigator/Project Coordinator	Print Name	Date

For Use By Foundation Finance Office

Amount Approved: \$ _____ Check # _____

Check Approving Initials **Date**

CUPS Action: Entered By: Date:

A/P Review: _____ / _____
Initials Date

PV

Travel Reimbursement #

* If requestor is Principal Investigator or Project Coordinator, no concurrence is required.
** Signature mandatory regardless of final payment.

HMJFAMM Form No. 322
Revised September, 1996

TAB K

FAHJ00:

If a department chair requests the use of FAHJ00, (a special fund from HMJF), a memorandum must be sent to the Controller, HMJF to arrange funding for travel through FAHJ00. A DD-Form 1610 must be completed stating the HMJF Special Fund along with approval by the Controller, HMJF.



PEDIATRICS

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



TEACHING HOSPITALS
WALTER REED ARMY MEDICAL CENTER
NAVAL HOSPITAL, BETHESDA
MALCOLM GROW AIR FORCE MEDICAL CENTER
WILFORD HALL AIR FORCE MEDICAL CENTER

April 1, 1992

MEMORANDUM FOR
CONTROLLER, HMJF

SUBJECT: Travel for Robert A. Redford, COL, MC, USA
to attend Symposium in Rochester, New York

It is necessary for Dr. Redford to travel on official business to Rochester, New York to attend a symposium. Please arrange to fund his travel from the Special Fund through FAHJ00. His estimated trip expense is \$. His travel is scheduled for April , 1992.

Professor and Chairman





February 5, 1999

1401 Rockville Pike

Suite 600

Rockville, Maryland

20852

MEMORANDUM FOR

CHIEF OF TRAVEL

SUBJECT: Travel Authorization for

tel (301) 424-0800

fax (301) 424-5771

www.hjf.org

Please accept this as authorization for to
attend the on
March 14-15, 1999, using the FAHJOO cost center account. Foundation grant
number will be charged for this trip not to exceed \$

*Serving Military
Medicine Since 1983*

The traveler must submit the settlement voucher to USUHS/FMG for travel
reimbursement. Payment will not be made directly to the traveler by the
Foundation.

Should you have any questions or need additional information, please let
me know.

Chief Financial Officer

cc:

TAB L

HMJFAMM Form No. 321, "Travel Request/Authorization"

This form is to be completed and attached to all types of official travel orders when government employees and others (by invitation) are using HMJF funds for travel. **IF USING FAHJ00, (REFERENCE page J-1), THIS FORM SHOULD NOT BE USED.**



Henry M. Jackson FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE

TRAVEL REQUEST/AUTHORIZATION

ATTACHMENT A

Foundation Account No.: 000 / 0 0 0 / 0 0 0 0 00 0 / 0 0
Fund Area Org Obj Sub/Org

☐ Official (For Foundation Employees)
☐ Invitational (Government Employees)
☐ Invitational (Other _____)

Traveler's

Name: JOHN JOE
Home Please Print
Address: 31 ROSE CT # 3
Daytime
Phone: GERMANTOWN, MD 208714

GERMANTOWN, MD 9 / 25 / 99
Department Location Date
GERMANTOWN, MD / /
Return Location Date
BOSTON, MA
Destination

PURPOSE OF TRAVEL: ATTEND EMT COURSE #67

SPECIAL INSTRUCTIONS: _____

Expenses

Estimate of Expense

Prepayment Request to HJF

Lodging \$ _____
Meals 258.00
Airfare _____
Transportation 184.00
Rental Car _____
Registration _____
Other (describe) _____

258.00
184.00

Total Estimated Trip Expenses: \$ _____

Total Prepayment: \$ 442.00

Advance Funds Requested: _____ No. X Yes Amount: \$ 331.50 (75% of total estimate)

Government employees must provide a copy of official government travel orders.

Travellers must complete and submit a Travel Expense Report, Form 322, within 10 days of return regardless of monies due or owed. Original receipts for all non-per diem costs of \$75 or more must be submitted for final reimbursement.

Traveler's Signature: _____ Date _____

Concurrence: _____

Principal Investigator/Project Coordinator

Print Name

Date

Department Chairperson/Asst. Project Coordinator*

Print Name

Date

For Use By Foundation Accounting Office

Advance Amount Approved: \$ _____ Check # _____

Approving Initials _____ Date _____

A/P Review _____

Entered By _____ Date _____

PV# _____

Travel Reimbursement # _____

If signer is Principal Investigator or Project Coordinator, no concurrence is required.

HMJFAMM Form No. 321
Revised October, 1996